



United States Department of Agriculture

Animal and Plant Health Inspection Service

Policy and Program Development

Environmental Services, Unit 149 4700 River Road Riverdale, MD 20737

ENQL 7-1 CY08 PERMANENT Retire 07/13

July 18, 2008

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504P) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001

ATTN:

Norman Spurling (7502P)

SUBJECT:

FIFRA, Section 6(a)(2) report: Aggregate adverse effect incidents dated March and April 2008 for the reporting period

ending July 31, 2008

This report is for the following pesticide product for the reporting period ending July 31, 2008:

EPA Reg. No. 56228-15

M-44 Cyanide Capsules

Active Ingredient:

CAS No. 143-33-9

Sodium Cyanide

Incident Category

No. of Incidents

W-B

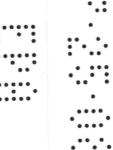
Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,

Kenneth R. Seelev

Chief, Environmental Services

Enclosure



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES



		6(a)(2) ADV	ERSE	EFFECTS IN	NCIDEN	IT INFO	RMA	TION REPORT		\bigcirc 1
INCIDENT CODE	INCIDENT STATUS				DATE WS BECAME AWARE OF THE INCIDENT			-	ES USE ONLY	
		Date		Lindata	Date of I	ast submiss	sion			REPORT NUMBER
W-B	XX New	3/4/08		Update				3/4/08		
EMPLOYEE NAME (To conta	ct for addition	nal information)	TELEP	HONE NUMBER	CON	ITACT NAM	ME (If N	Non-APHIS)		TELEPHONE NUMBER
Paul Kokes			308	-289-0901						
DUTY STATION ADDRESS					ADD	RESS				
7.7										
PO Box 767	E 60153	2								
Ogallala, N		NT LOCATION			SOL	IRCE OF IN	NFORM	MATION		
CITY		STATE	COUN	ГҮ		XX Self		Telephone Call	Letter	
						Media		Oral Report	Other	
Kimball		NE		Kimball						
EXPOSURE TYPE (Examples	s include spill,	, splash, drift, runo	or other	er.)						
M-44 discha	rge									
INCIDENT SITE [examples	s include co	mmercial or resi	idential	sites, forest/woo						ICIDENT: [examples include
agricultural (specify crop), r (specify), recreational area (specify)	rangeland/pa	sture, noncrop at	rea, fallo	ow field, public la	ands appl			ading, reentry, during transp anufacturing/formulation]	ort, rep	air/maintenance of application
(apecity), redicational area (a)	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
Range/Pastu	ire					M-44	s m	aintained on p	rope	rty.
EPA REGISTRATION NUMB	ER	PRODUCT NAME					ACTI	VE INGREDIENT		
56228-15		M_44 Cva	anide	e Capsule				Sodium Cyanid	e	
WAS THE PRODUCT		WHAT WAS THE			icable)			E THE LABEL	WAS 1	THE APPLICATOR
	uted	NI / 7				104				IFIED (If applicable)
		N/A					AA	Yes No		Yes No
IS THERE EVIDENCE OF IN	TENTIONAL	MISUSE (If "Yes",	explain)							
Yes XX No)									
SUMMARY OF THE INCIDE	NT (Attach su	pplemental form if	needed)						
M-44s set o	on prop	erty to p	rote	ct cattle	from	preda	atic	on by coyotes.	M-4	4 was
discharged	by two	non-targe	et si	wift fox.						
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								•••	•••	••
								•••	•••	•
NAME OF PREPARER		SI	GNATU	RE			TELE	EPHONE NUMBER		DATE
			1/.	1-1/1	11	2		400 404 0040		2724400
Vicki Voll	mer		IM	er Vall	m	9	_	402-434-2340		•3/24/08
NAME OF SUPERVISOR		SI	GNATU	RE /	1	1	TELE	EPHONE NUMBER		DATE
Tim Veenen	ndaal		/	m/2/	/	I.		402-434-2340		3/24/08
WS FORM 160-R (June		//	Local R	eproduction Aut	thorized)	ny				
113 FORM 100-K (Julie		- (-pcayaon nun						

	ES USE ONLY		
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - S	RT NUMBER		
DOMESTIC ATTRICE, I ASTA, STATE COLA MODELLI - C			
"X" ONE	"X" ONE	NUME	ER OR ACRES AFFECTED
Amphibian Fish Bird Mammal Invertebrate Reptile		Wild	2
	BREED (If known)		2
species common name swift fox	SILED (II KIOWII)		
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS			
killed			
killed			
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESU	.1 S (if available, attach copies):		
N/A			
14/ M			
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitations and the streams of the stream of the	it)		
none			
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief desc	ription of baiting if applicable)		
M 44 committee			
M-44 capsule			
WAS PREBAITING USED ON THE SITE (Describe)			
Yes No			
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCI	DENT OCCURRED		
Pasture (resource was calves.)			
ADDITIONAL FACTORS			
ADDITIONAL FACTORS			••••
		:***	•
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		••	. :::
		•••••	••••
NAME OF PREPARER SIGNATU	RE	1500	••••
SIGNATU / /	1.1111	DATE	••••
Vicki Vollmer //	cki Vollme,	7	3/24/08
NAME OF SUPERVISOR SIGNATU	RE //	PATE	
Tim Veenendaal	nthe Vin	de 1	3/24/08
WS FORM 160B-R (June 99) (Local Reproduction Authorized)	7		-, -, , , , , ,

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

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6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT DATE WS BECAME AWARE ES USE ONLY INCIDENT STATUS INCIDENT CODE OF THE INCIDENT REPORT NUMBER Date of last submission W-B X New 03/08/2008 Update 03/08/2008 TELEPHONE NUMBER CONTACT NAME (If Non-APHIS) EMPLOYEE NAME (To contact for additional information) TELEPHONE NUMBER Scott Evens 701-728-6623 ADDRESS DUTY STATION ADDRESS 903 59th Street North Granville, ND 58741 SOURCE OF INFORMATION INCIDENT LOCATION STATE COUNTY Telephone Call Self Letter ND MIS Data McHenry Oral Report Media EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) Other SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands application, mixing/loading, reentry, during transport, repair/maintenance of application (specify), recreational area (specify), right-of-way (rail, utility, highway)] equipment, during manufacturing/formulation] M-44 device activated by non-target Rangeland/Pasture species - Raven, Common ACTIVE INGREDIENT PRODUCT NAME **EPA REGISTRATION NUMBER** Sodium Cyanide M - 4456228-15 WAS THE APPLICATOR WERE THE LABEL WHAT WAS THE DILUTION RATIO (If applicable) WAS THE PRODUCT **DIRECTIONS FOLLOWED** CERTIFIED (If applicable) X Concentrated Diluted X Yes Yes IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) X No SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 device had been set as part of integrated predator damage program for livestock protection. TELEPHONE NUMBER SIGNATURE NAME OF PREPARER April 2, 2008 701-250-4405 Nancy Stephan TELEPHONE NUMBER NAME OF SUPERVISOR April, 2 2008 701-250-4405 Phil Mastrangelo

(Local Reproduction Authorized)

					ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDER	NT - SLIDDI EMEN	ITAL REPOR	T FORM	REPOR	T NUMBER
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDE	VI - SOFFEEMEN	TAL KEI OK	i i oran		
WALL CALLE		"X" ONE		NUMBE	R OR ACRES AFFECTED
"X" ONE			(TZ)	Nombe	NON AGNEGATI EGILE
Amphibian Fish X Bird Mammal Invertebrate	Reptile Plant	Domestic	X Wild		
Ravens, Common		BREED (If known)			
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS					
The bird was killed after acti	vating M-44	device			
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND	RESULTS (if available,	attach copies):			
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestr	ial habitat)				
MAGNITUDE OF THE EFFECT (e.g., miles of obtains, equal of the street	,				
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include b	oriof description of baiting	if applicable)			
	mer description or batting	п арриосою,			
1 M-44 device was activated					
The state of the s					
WAS PREBAITING USED ON THE SITE (Describe) Yes X No					
	THE INCIDENT OCCURR	FD.			
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH T					
M-44 device was set in range/past		or manag	ement		
of coyote predation on livestock					
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ADDITIONAL FACTORS					•••
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					••••
	SIGNATURE	11	1	DATE	100 4
Nancy Stephan	Lannis	TIAK	en)	Ap	oril 2, 2008
NAME OF SUPERVISOR S	SIGNATURE	11/		DATE	
Phil Mastrangelo	14.5/	Mars 1	W	Aj	pril 2, 2008
	1/1/1/	V WV Y			

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

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DOS & Panderosa M. Christians burg, M. 24073 BICLIERT LOCATION BICLIERT LOCATION BICLIERT LOCATION BICLIERT LOCATION BICLIERT STATE COUNTY Crides SUP Rockingham BANDERT STATE COUNTY Crides CEXPOSURE TYPE (Examples include solil, splash, drift, nord) or other.) Inhalation of Sodiesm Cyganude Inhalation of Sodiesm Cyganude INDIDENT STE [lexamples include commercial or revidential sites, forestwoods, STUATION RELATING TO PRODUCT ADVENSE INCIDENT; Issuapples include commercial or revidential sites, forestwoods, STUATION RELATING TO PRODUCT ADVENSE INCIDENT; Issuapples include commercial or revidential sites, forestwoods, STUATION RELATING TO PRODUCT Apparamental repairmental sites (pacelly), replaced-many real utility, highway) [Injectify), recussional were (specify), right-driving real utility, highway) [Injectify), recussional were (specify), replaced and specify real utility of the product applicable and the product and the product applicable and the product applicable and the product and the product applicable and the product and the prod	Chad Fox			reporter)		
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Crides Who Rockingham Modiu Onal Report Other Charles Chronic Condition Charles Charl					Telephone Call lett	er
EXPOSURE TYPE (Examples include a pill, explash, diet, runoff or other.) in halation of sodium cyanuche in halation of sodium cyanuche NCIDENT SITE (examples include commercial or residential sizes, forestwoods, SITUATION RELATING TO PRODUCT ADVERSE INCIDENT; (examples in productive commercial or residential sizes, forestwoods, situation in the product commercial or residential sizes, forestwoods, situation in the product residential sizes, forestwoods, situation residential complex caps in the product residential sizes, forestwoods, situation residential complex caps with a paper caps and size of spoke source (specify), fight-of-way (ruil, utility, highway) livestock pasture EPA REGISTRATION NUMBER MAY Appariable caps was a my device a my device a my device a my device WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (it applicable) WAS THE APPLICATOR CERTIFIED (it applicable) Yes No SUMMARY OF THE NCIDENT (Alach supplemental form) RAVEN RAW WAS THE APPLICATOR SUMMARY OF THE NCIDENT (Alach supplemental form) RAW A MAK Robb A A FARA Robb A A FARA ROBBER NAME OF PREPARER MAY A MAK Robb A A FARA ROBBER SIGNATURE SIGNATUR		VA	Rockingham			
INCIDENT SITE [examples include commercial or residential sites, forestwoods, SITUATION RELATING TO PRODUCT ADVERSE INCIDENT; [examples in Include commercial or residential sites, forestwoods, specialon, maininfloading, recently, during transport, repairmantenence of application, maininfloading, recently, during transport, repairmantenence of application, maininfloading, recently, forestwoods, forestwoods		include spill, splash, (
INCIDENT SITE (examples include commercial or residential sites, forestwoods, SITUATION RELATING TO PRODUCT ADVERSE (INCIDENT); temperatury (specify crop); temperatury student (specify); temperatury (specify); temperatury (specify); temperatury (specify); temperatury tem	inhalation	of sodius	n cyanide			
Common Raven apparently pulled Common Raven Comm				ds lapplication, mix	ELATING TO PRODUCT ADVERSE sing/loading, reentry, during transport, r	INCIDENT: [examples inclues epair/maintenance of applicat.
EPA REGISTRATION NUMBER SET A REGISTRATION NUMBER SET A REGISTRATION NUMBER MY MAD WAS THE DIRECTIONS FOLLOWED WHAT WAS THE DIRECTIONS FOLLOWED TO CONCENTRATE OF INTENTIONAL MISUSE (If "Yes", explain) WAS THE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) WAS FOUND	agricultural (specify crop), re (specify), recreational area (sp	ecity), right-of-way (ra	il, utility, highway)]	equipment, dur	ring manufacturing/formulation]	the pulled
EPA REGISTRATION NUMBER SET A REGISTRATION NUMBER SET A REGISTRATION NUMBER MY MAD WAS THE DIRECTIONS FOLLOWED WHAT WAS THE DIRECTIONS FOLLOWED TO CONCENTRATE OF INTENTIONAL MISUSE (If "Yes", explain) WAS THE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) WAS FOUND	, 1 4	and	,	Commo	n kaven apparer	prosted
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WAS THE PRODUCT Concentrated Diluted Diluted Diluted Directions followed Di		M44	Oyanide capsul	25		
Concentrated Diluted N/A Yes No Yes No No STHERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)		WHAT W	AS THE DILUTION RATIO (If applica	able)	THE THE THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	
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Mad Jox & Mark Robb Start For 540-381-7387 4-78-8 NAME DE SUPERVISOR SIGNATURE SIGNATURE SOUTH SUM-739-7739 4/16/08	NAME OF PREPARER		SIGNATURE		TELEPHONE NUMBER	DATE
NAME DE SUPERVISOR SIGNATURE SI	1111	Mark R.L	1 1/1/12	2	540-381-7387	4-76-8
Sex of Sum Sect Som 804-739-7739 4/16/08	(had you -	ININ / NOVE	I CNATURE			DATE • •
Sept lam , a,	NAME OF SUPERVISOR					4/11/28
	Xerry 1	Comme	Dut 1	Som	804-139-7739	7/16/00
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_	✓ Bird Mammal Invert	nebrate Reptile Plant	Domestic 2	V iid		
DECIES CONHON NAME			BREED (If known)			
	raven					
ESCRIBE SIGNS, SYMPTON	MS, ADVERSE EFFECTS				mille	Jambie
CAV	en found des	ad w/i 4 t	eet of	Fired	MAA	device
LABORATORY TESTS WE	RE PERFORMED, LIST NAME OF T	EST(S) AND RESULTS (if available	, shach copies):			
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MAGNITUDE OF THE EFFEC	T (e.g., miles of streams, square are	ea of terrestrial habitat)				
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WAS PREBAITING USED ON Yes No	THE SITE (Describe)					
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DESCRIPTION OF THE HAB	ITAT AND CIRCUMSTANCES UNDE	EN HITIOI THE INCIDENT OCCUR.	1	+		
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NAME OF PREPARER		SIGNATURE	7		4-16	
Mary 1. Ly		Man J. to	/		DATE	
NAME OF SUBERVISOR		SIGNATURE	Senz		4/16	108
SCOHC. 13	alles	18000	Bur		1/4/	, - ,
WS FORM 160B (DRAFT)		•				